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transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrected maintenance fee notification	DEMARCHE including below or directed others.	g the Patent, advance of crwise in Block 1, by (a	rders and notification of n a) specifying a new corres	naintenance fees w pondence address;	vill be m and/or (ailed to the current b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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TROY, MI 48007 12/05/2007 WABDELR3 00000046 500831 10509298				Susan Grish (Depositor's nume)			
D1 FC:1501 1440.00 DA				Succe Gust (Signature)			
02 FC:1504 300.00 DA				12-3-0 (Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/509,298	05/27/2005	Holger Besier		DP-306489			3722
TITLE OF INVENTION: S	TEERING COLUMN	MODULE FOR A MOT	OR VEHICLE				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	I	\$1700	12/06/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS]			
SMITH, RICH	SMITH, RICHARD A		033-0010PT	T			
1. Change of correspondence CFR 1.363).		the patent front page, list David P. Wood					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND							
		fied below, no assignee letion of this form is NO					ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE				E: (CITY and STATE OR COUNTRY)			
DELPHI TECHNOLOGIES, INC. TROY, MICHIGAN							
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 📴 Corporation or other private group entity 🛄 Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
☐ A check is en ☐ Payment by c ☐ Payment by c				d. Form PTO-2038	is attacl	hed.	
Advance Order - # o		to Director is hereby authorized to charge the required fec(s), any deficiency, or credit any erpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).					
5. Change in Entity Status	,	•	_				
a. Applicant claims S			b. Applicant is no lon				1-1.
NOTE: The Issue Fee and I interest as shown by the rec	ords of the United Sta	tes Patent and Trademark	of from anyone other than to Office.	he applicant; a regi	istered at	torney or agent; or th	e assignee or other party in
Authorized Signature		Date 12-3-07					
Typed or printed name _			Registration No.				
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